

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029323

318

1003

7308

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 31 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b

10 wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis-Little Rock
Hospitals Inc.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Manchester

Inside Limits

Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Route #1 Mason Lane

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Weskey Winfield Williams4. DATE OF DEATH Month Day Year
July 25 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-10-1897

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Pensioned Conductor10b. KIND OF BUSINESS OR INDUSTRY
Railroad11. BIRTHPLACE (City and state or country)
KANSAS CITY, KANSAS12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

ALBRIDGE WILLIAMS

13b. MOTHER'S MAIDEN NAME

VIOLA MANOR

14. NAME OF HUSBAND OR WIFE

Wife- Ruby

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
YES V.V.W. #1

16. SOCIAL SECURITY NO.

17. INFORMANT

Ruby Williams, 920 DWYER,
GLENDALE, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac Failure

DUE TO (b) Hypertension

DUE TO (c) Generalized Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Left Hemiplegia 444XPART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 7, 1962 to July 25-1962 and last saw him alive on 7-24-62
Death occurred at 5.15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1755 So Grand Blvd

22c. DATE SIGNED

7-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

7-28-62

23c. NAME OF CEMETERY OR CREMATORY

OAK HILL CEM.

23d. LOCATION (City, town, or county)

KIRKWOOD, MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

Schrader Funeral Home Baldwin, Mo.

25. DATE RECD. BY LOCAL REG.

JUL 25 1962

26. REGISTRAR'S SIGNATURE

Road Smith M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

3

4 0

5 1

6

7 1

8 2

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10

11

12 9.0

13

69

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard Bypp

Licensed Embalmer No. 4584

P. O. Address Bellewin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.